

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

15

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs. Amy L.
Stanfield

OFFICE USE ONLY

Date Received

City Clerk

OCT 10 2017

City of San Marcos

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 1801 San Marcos, TX
78667

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 965-7366

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Ms. Keely
Sonlitner

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

133 W. San Antonio Street
Suite 100, San Marcos, TX 78666

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 787-0108

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year
8 / 18 / 17

THROUGH

Month Day Year
9 / 28 / 17

11 ELECTION

ELECTION DATE

Month Day Year

11 / 7 / 17

☒ Primary

☐ Runoff

ELECTION TYPE

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council Place 3

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Amy Stanfield **15** Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 340.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,435.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 93.96
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,263.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,002.04
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Amy Stanfield

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Amy STANFIELD, this the 10th day of OCTOBER, 20 17, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

DALEY HELLER

Printed name of officer administering oath

PASSPORT ADMINISTRATOR

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

Amy Stanfield

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5095.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 694.85
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ —
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 160.00
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ —
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ —
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 4,795.23
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ —
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ —
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ —
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ —

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Amy Stanfield

3 Filer ID (Ethics Commission Filers)

4 Date

8/23/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Michael Davis

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City; State; Zip Code

2420 Summit Ridge Dr. San Marcos, TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/31/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Robbie Wiley

Amount of contribution (\$)

\$300.00

Contributor address;

City; State; Zip Code

2228 Garden Ct. San Marcos, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/19/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Gary Fore

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

103 Elm Hill Ct. San Marcos, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/21/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Walter Elias

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

151 Eaton Lane Austin, TX 78737

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Amy Stanfield

3 Filer ID (Ethics Commission Filers)

4 Date

9/21/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Johnell Huebner

6 Contributor address;

City; State; Zip Code

1451 Kirby Lane

Kyle, TX 78640

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/21/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

LC3 Capital Partners

Contributor address;

City; State; Zip Code

407 S. Stagecoach Trail #203

San Marcos, TX 78666

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/21/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kevin Katz

Contributor address;

City; State; Zip Code

607 Conway Dr.

San Marcos, TX 78666

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/21/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jason Mock

Contributor address;

City; State; Zip Code

202 N. CM Allen Pkwy

San Marcos, TX 78666

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Amy Stanfield

3 Filer ID (Ethics Commission Filers)

4 Date

9/21/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

William P. Conley

6 Contributor address;

City; State; Zip Code

701 Mountain Crest Drive Wimberley, TX 78676

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/21/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Susan Narvaiz

Contributor address;

City; State; Zip Code

102 Wonderland Drive #304 San Marcos, TX 78666

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/21/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

D'Kane Lawn & Landscape

Contributor address;

City; State; Zip Code

289 Hill Country Trail Wimberley, TX 78676

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/21/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Eddie Hurtado

Contributor address;

City; State; Zip Code

4375 SE River Road Martindale, TX

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Amy Stanfield

3 Filer ID (Ethics Commission Filers)

4 Date

9/21/17

5 Full name of contributor

Bucky Couch

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$150.00

6 Contributor address;

City; State; Zip Code

203 Sierra Ridge Drive San Marcos, TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/21/17

Full name of contributor

Jude Prather

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

400 Browne Terrace San Marcos, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/21/17

Full name of contributor

Susan Bradley

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$75.00

Contributor address;

City; State; Zip Code

609 Pioneer Trail San Marcos, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/21/17

Full name of contributor

Marianne Moore

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

2930 Summit Ridge Dr. San Marcos, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Amy Stanfield

3 Filer ID (Ethics Commission Filers)

4 Date

9/21/17

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lucy Cage Johnson

6 Contributor address;

City; State; Zip Code

1032A Bourbon St.

New Orleans, LA 70116

7 Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/21/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

McNabb & Co. Real Estate

Contributor address;

City; State; Zip Code

1420 Corporate Dr. Ste B201 San Marcos, TX 78666

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/21/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amber Scott

Contributor address;

City; State; Zip Code

206 Hay Barn

San Marcos, TX 78666

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/21/17

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lisa Searle

Contributor address;

City; State; Zip Code

2420 Missy Lane

San Marcos, TX 78666

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

7

2 FILER NAME

Amy Stanfield

3 Filer ID (Ethics Commission Filers)

4 Date

9/21/17

5 Full name of contributor

Tom B. Foote

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

City; State; Zip Code

7 Covey Court

San Marcos, TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/21/17

Full name of contributor

Shane Scott

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100.00

Contributor address;

City; State; Zip Code

206 Hay Barn

San Marcos, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/25/17

Full name of contributor

Denise Brumley

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 250.00

Contributor address;

City; State; Zip Code

12300 Huber Rd.

Seguin, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/27/17

Full name of contributor

Jake Mann

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 200.00

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
7

2 FILER NAME

Amy Stanfield

3 Filer ID (Ethics Commission Filers)

4 Date

9/27/17

5 Full name of contributor

Phong Pham

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

25639
US Hwy 5A

City; State; Zip Code

Kingwood, TX 77339

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/28/17

Full name of contributor

Chase Katz

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$500.00

Contributor address;

700 N LBJ St 107

City; State; Zip Code

San Marcos, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/28/17

Full name of contributor

Lee Ann Johnson

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$20.00

Contributor address;

201 Mountain View Wimberley, TX 78676

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/28/17

Full name of contributor

William Dannon

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100.00

Contributor address;

2210 Summit Ridge San Marcos, TX 78666

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 1

2 FILER NAME

Amy Stanfield

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

9/21/17

6 Full name of contributor ☐ out-of-state PAC (ID#: _____)

Chris Salazar

7 Contributor address; City; State; Zip Code

1951 Hunter Rd #6101 San Marcos, TX 78666

8 Amount of Contribution \$

\$500.00

9 In-kind contribution description

Marketing/Video

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

9/18/17

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Gummy's Pizza

Contributor address; City; State; Zip Code

403 N. Guadalupe St. San Marcos, TX 78666

Amount of Contribution \$

\$194.85

In-kind contribution description

food

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>1</u>	2 FILER NAME <u>Amy Stanfield</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>9/24/17</u>	5 Payee name <u>Allison Woods</u>	
6 Amount (\$) <u>\$160.00</u>	7 Payee address; City; State; Zip Code <u>7400 Towar Drive Austin, TX 78729</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	
	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name <u>Amy Stanfield</u> Office sought <u>City Council Place 3</u> Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: **3** 2 FILER NAME **Amy Stanfield** 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ **214.64**

5 Date **8/25/17** 6 Payee name **Super Cheap Signs**

7 Amount (\$) **\$ 3,495.24** 8 Payee address; City; State; Zip Code
**9200 Waterford Centre Blvd #100
Austin, TX 78758**

9 TYPE OF EXPENDITURE ☒ Political ☐ Non-Political

10 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Printing Expense** (b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name **Amy Stanfield** Office sought **City Council Place 3** Office held

Date **9/17/17** Payee name **Next Day Flyers**

Amount (\$) **\$ 440.51** Payee address; City; State; Zip Code
1431 W. Knox Street Torrance, CA 90501

TYPE OF EXPENDITURE ☒ Political ☐ Non-Political

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Printing Expense** Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F4

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
 Office Overhead/Rental Expense
 Polling Expense
 Printing Expense
 Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

1 Total pages Schedule F4: 3	2 FILER NAME Amy Stanfield	3 Filer ID (Ethics Commission Filers)
---------------------------------	-------------------------------	---------------------------------------

4	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	
---	---	----	--

5 Date	9/20/17	6 Payee name	Rivercity Sportswear - San Marcos
--------	---------	--------------	-----------------------------------

7 Amount (\$) \$ 345.05

8 Payee address; City; State; Zip Code
1705 S. IHA-35 San Marcos, TX 78666

9	TYPE OF EXPENDITURE	<input checked="checked" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
---	---------------------	--	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Printing Expense	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Amy Stanfield	City Council Place 3	

Date	9/21/17	Payee name	Elevate Bar & Table
------	---------	------------	---------------------

Amount (\$)	Payee address;	City; State; Zip Code
\$400. ⁵³	407 S. Stagecoach Ln.	San Marcos, TX 78666

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	Food/Beverage Expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Forms provided by Texas Ethics Commission

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 3	2 FILER NAME Amy Stanfield	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 9/12/17	6 Payee name McCoy's #70	
7 Amount (\$) \$113.90	8 Payee address; City; State; Zip Code 110 Wonder World Dr. , San Marcos, TX 78666	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Candidate / Officeholder name	
Amount (\$)	Office sought	
Payee name	Office held	
Payee address; City; State; Zip Code		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		